

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Schuler et al.	Art Unit: 3734
Application No: 09/731,316	Examiner: Mendoza, Michael G
Confirmation No: 1043	Attorney Docket No: NK.0051.00 [53247-US-CNT]
Filed: December 5, 2003	
Title: SYSTEMS AND METHODS FOR TREATING PACKAGED POWDERS	June 29, 2009 San Francisco, CA 94107

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450	Extension of Time <input type="checkbox"/> Applicant requests an extension of time under 37 C.F.R. 1.136		
Via EFS <input checked="" type="checkbox"/> Reply Brief <input type="checkbox"/> Drawing <input type="checkbox"/> (Supplemental) Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> (2) Postcards for Return	Extension (Months)	Extension Fee	
		Large Entity	Small Entity
	<input type="checkbox"/> One Month	\$130.00	\$65.00
	<input type="checkbox"/> Two Months	\$490.00	\$245.00
	<input type="checkbox"/> Three Months	\$1,110.00	\$555.00
	Total \$ 0.00 <input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.		

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	63	63	0	\$52.00	\$26.00	\$0.00
Independent Claims	9	9	0	\$220.00	\$110.00	\$0.00
Multiple Dependent Claims			0	\$390.00	\$195.00	\$0.00
Supplemental Information Disclosure Statement						
Total						\$0.00

Fee Payment		Fee Deficiency	
Extension Fees	\$0.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> .	
Fees for Extra Claims	\$0.00	and/or	
Total	\$0.00	<input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .	
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00.		Please direct telephone calls to: Guy V. Tucker at (415) 538-1555	
<input type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$ <u>0.00</u> .		Please continue to send correspondence to:	
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a):		Novartis	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below or via facsimile to (571) 273-8300 or submitted electronically via EFS:		Corporate Intellectual Property	
By: <u>Melanie Hitchcock</u> Date: <u>June 29, 2009</u>		One Health Plaza 104/3	
Melanie Hitchcock		East Hanover, NJ 07936-1080	
		Respectfully Submitted,	
		<u>Guy V. Tucker</u>	
		By: <u>Guy V. Tucker</u> Date: <u>June 29, 2009</u>	
		Guy V. Tucker	
		Registration No. 45,302	